

VOLLEYBALL TEAM ROSTER AND WAIVER FORM

TEAM NAME: _____ **SEASON:** _____ **YEAR:** _____
SPORT: Grass Volleyball Indoor Volleyball Sand Volleyball
DAY OF PLAY: Monday Tuesday Wednesday Thursday
LEAGUE/FLIGHT: A B C
LOCATION: Eldorado Mohave Indian School



CITY OF SCOTTSDALE PARKS & RECREATION - OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION

I, the undersigned player, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of an adult sports team and league indicated above. 2) I acknowledge the contagious nature of COVID-19 and the risk associated with participation in this program that cannot guarantee physical distancing. I acknowledge that the City of Scottsdale is not medically monitoring participants. I AGREE I WILL STAY HOME IF SICK. I voluntarily accept and solely assume the risk that I may be exposed to, or infected by COVID-19 or other contagious viral and/or bacterial illnesses, diseases, and conditions including but not limited to the flu by participating in this program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. 3) I understand that there are certain risks and hazards involved in participating in adult sports including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants, all of which can cause serious injury, concussion, or death to me and to other players. Further, I agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the field/court arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields/courts arranged for by my team or league for practice or play. 2) I release, discharge, and agree not to sue the team and/or league designated above, the City of Scottsdale, or any owner or lessee of fields/courts on which adult sports is played or practiced by my team or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field/court for any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, or wrongful conduct of the parties hereby released. This release extends to any and all effects of exposure to COVID-19 or other illness by anyone participating in this program, including whether a COVID-19 infection occurs before, during, or after participation. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AS WELL AS THE RULES FOR THE ADULT SPORTS PROGRAM AND PLAYER'S CODE OF CONDUCT, AND AGREE TO ABIDE BY THEM. FURTHER, I AGREE THAT THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT CONTROLS OVER ANY LIABILITY WAIVER THAT MAY HAVE BEEN ACCEPTED DURING THE ONLINE REGISTRATION PROCESS.

	PLAYER NAME	COMPLETE HOME ADDRESS	PLAYER SIGNATURE	PHONE
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